

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90001 032 ***150.00

DOCUMENT # M74506

1. Entity Name
CARDIO-VASCULAR SURGERY ASSOCIATES, P.A.

Principal Place of Business
6974 HANGING VINE WAY
TALLAHASSEE FL 32311

Mailing Address
6974 HANGING VINE WAY
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0039787**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

Yahr, William Z
6974 HANGING VINE WAY
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **Yahr, William Z.**
STREET ADDRESS **6974 HANGING VINE WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/01

850 309 0876

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
D#M74506
A0076618

Cardiovascular Surgical Associates, P.A.

6974 Hanging Vine Way
Tallahassee, Florida 32311

William Zachary Yahr, MD

Telephone (850) 309-0876
Fax (850) 309-0877

July 9, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL-32302-1500

This is the first 2001 Uniform Business Report I received.

I called 488-9000 today and spoke with with Robert.

As per his instructions I am enclosing a check for \$150.00.

Sincerely yours,


William Z. Yahr, MD.